

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended UBR 1/02

FILED

03 MAR 25 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # 726520					
1. Entity Name THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.					
Principal Place of Business 3000 41ST STREET OCEAN MARATHON, FL 33050			Mailing Address 3000 41ST STREET OCEAN MARATHON, FL 33050		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1458324	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICE DAVID P PH.D 3000 41ST STREET OCEAN MARATHON, FL 33050			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAPES, LYNN			NAME			
STREET ADDRESS	206 MORTON STREET			STREET ADDRESS			
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTO, MICHAEL			NAME			
STREET ADDRESS	700 89TH STREET OCEAN			STREET ADDRESS			
CITY-ST-ZIP	MARATHON, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ-FERIA, ADDY			NAME			
STREET ADDRESS	P.O. BOX 28			STREET ADDRESS			
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, GEORGE			NAME			
STREET ADDRESS	259K GOODLEY ST.			STREET ADDRESS			
CITY-ST-ZIP	MARATHON, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEMAN, BATEMAN			NAME			
STREET ADDRESS	1334 MARLIN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MARATHON, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, WILLIAM			NAME			
STREET ADDRESS	451 89TH ST. OCEAN			STREET ADDRESS			
CITY-ST-ZIP	MARATHON, FL			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Signatures* **March 24, 2003** **305-289-6150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Call Daytime Phone #

CR2E037 (10/02)